

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4						
5		1				
6		1				
7		1				
8		1				
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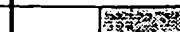
TOTAL IND.



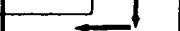
TOTAL DEP.



TOTAL CLAIMS



TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

